



Application Perfect Record Award

Name of Company Reporting: _____

Submitted By: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Operation: _____ Number of Employees: _____

Name of company as you would like it inscribed on the award:

The "Perfect Record Award" recognizes organizations that have completed a period of 12 consecutive months without incurring an OSHA recordable injury or illness, **and** days away from work, or death. **If your company utilizes contract employees at your location, please include these contract employee hours in your total figures.**

Industry Information.

NAICS/SIC Code: _____ (If you do not know your NAICS/SIC Code, log on to www.naics.com/search.htm)

Record Information.

In accordance with the OSHA record keeping requirements, a company and/or facility must have continued without the occurrence of an occupational injury or illness, **and** days away from work, or death, for the previous calendar year. **The Perfect Record must have occurred from January 1, 2015 to December 31, 2015.**

Total Employee Hours: _____

Must submit an OSHA 300 form(s) for the time period covered in this application in order to qualify. Is your company exempt from maintaining an OSHA 300 Log? Yes No

Your company is exempt from maintaining OSHA 300 Logs if your SIC/NAICS code is exempt or if you did not have 11 or more employees at any one time during the calendar year. To participate in the Awards Program, you must provide us with the required information requested on the application form. The information may then be taken from other company records but must be reported in a similar format as on the OSHA Logs. The OSHA Form 300 is available at www.osha.gov. You must ALSO provide certification from your workers compensation insurance carrier.

Has your organization sustained any work related fatalities during or after the time period covered in this application? (Answering "yes" will disqualify the applicant.) Yes No

To encourage and reward quality in safety and health, the Utah Safety Council has established the Workplace Safety Awards Program. These awards are given to companies that have excelled in workplace safety performance. All information must be complete and accurate to ensure a proper evaluation of incidence rates. Incomplete entry forms will not be considered. The company must be a member of the Utah Safety Council. Entries are reviewed by representatives of the Utah Safety Council Board of Directors. The awards are presented annually at the Utah Safety Council Annual Meeting. All information provided will be kept in strict confidence, but the Utah Safety Council reserves the right to publicize the names of award winners.

I certify that this organization is a member in good standing of the Utah Safety Council and that the information contained in this application is accurate and correct.

Reported by: _____
Print Name

_____ Title

_____ Signature

_____ Date

Entries must be received no later than July 1, 2016.

Utah Safety Council • Workplace Safety Awards Program • 1574 West 1700 South, Salt Lake City, UT 84104
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